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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*  
*None cos*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
*None cos*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature <i>C. Stiles</i> Initials <i>cos</i>	STATE OR COUNTRY CA	SHEETS DRAWING 7	TOTAL CLAIMS 41	INDEPENDENT CLAIMS 4
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TITLE  
 Intraoral data input tool

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